

UNITED ORDER of the GOLDEN +

INSTRUCTIONS

TO

MEDICAL EXAMINERS

OF THE

United Order of the Golden Cross,

ADOPTED MAY, 1880.



KNOXVILLE, TENN.:

"WHIG AND CHRONICLE" STEAM PRINT.

1881.

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PREFATORY NOTICE.

Examiners are reminded that they are the guardians of our most vital interests ; and that the *Order* is entitled to the benefit of *any doubt* affecting an applicant ; and further that fraternal, as well as professional, obligations require that the examination be rigid and impartial, and that exact and definite statement be made of everything necessary to a just and comprehensive estimate of the eligibility of an applicant.

By strict compliance with these Rules, much time and labor will be saved and our mutual relations be satisfactory and harmonious.

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INSTRUCTIONS

TO

MEDICAL EXAMINERS.

Please observe the following

RULES:

I. Examine the written application in every case.

It may suggest the weaker points of the family and personal history, which demand especial notice in the succeeding examination.

ANY LOOSE OR EQUIVOCAL statement of the applicant should be corrected and explained by the Examiner.

It is especially desirable that the applicant be interrogated by a *medical man* upon all doubtful points, that at least an approximation to the truth may be had. Among many

statements given in reply to questions as to causes of death, we may cite "Fever," "Child-birth," "Complication of Diseases," "Decline," "Asthma," "Dropsy," "Change of Life," "Uncertain," "Don't Know," &c., where Phthisis has been the real cause.

IN CASE OF DEATH IMPUTED to *Child-birth*, for instance, it should be ascertained if the deceased was healthy *previous* to parturition; in what form danger appeared, whether in hemorrhage, convulsions, puerperal fever, or otherwise, and *what interval of time elapsed between delivery and death*.

WHERE CHANGE OF LIFE is mentioned, inquire as to the symptoms, and if cough was present, determine for how long a time it existed, and with what concomitant signs of pulmonary disease.

THE STATEMENT OF A DEATH from *Lung fever* should always suggest questions as to the previous health of the deceased, the duration of the ailment and its termination.

IN REPORTED ASTHMA ascertain if it were purely spasmodic, or a dyspnoea dependent

upon organic pulmonary, cardiac, or learn disease.

A FEW QUESTIONS, well directed, will facilitate the work of both Examiner and Medical Director.

HAVING DEFINED the family history as exactly as may be, the Examiner has it within his power to decide how far the applicant may be considered *predisposed* to the diseases of which his relatives died.

IF BOTH PARENTS died of Phthisis, or if one parent and several brothers and sisters, or other relatives, have so died, the liability to Phthisis is great, and the risk should be declined.

* Yet in instances where but one parent has died of Consumption, the applicant, by an affinity to the healthy parent (always bearing in mind that the mother will more readily transmit disease); by the attainment of the age of 30 years; by a just proportion of height and weight, and a healthy condition of all the vital organs and functions; by firmness of tissue; by *following* a healthful

* Dr. Brinton, on Life Insurance.

occupation, and by *temperance* in all things, may demonstrate the possession of a sound organization, and be fairly entitled to admission.

IN CASE OF DEATH AMONG RELATIVES from Cancer, the applicant should be carefully questioned as to the condition of the stomach and digestive organs; and, if a female, special inquiry should be directed to the state of the uterine and mammary systems.

II. Give the personal appearance of the applicant as accurately as possible.

The Height and Weight are important means of identification and of determining family resemblances.

TEMPERAMENT; it has been observed that the temperament of an individual affords, to a certain extent, the key to a knowledge of the class of diseases to which he would be most liable, and consequently it is always desirable that the temperament of the applicant for insurance be carefully noted.

Four temperaments, the *Bilious*, *Nervous*, *Sanguine* and the *Lymphatic*, with the com-

binations, *Bilious Lymphatic*, *Nervo-Sanguine*, etc., constituting the *mixed* temperaments, are all that is essential to observe for insurance purposes.

The tendency to paralysis, epilepsy, insanity and nervous diseases generally, would of course characterise the *Nervous Temperament*, while the *Sanguine Temperament* would predispose its possessor to cardiac lesions, hæmorrhages, fevers of an inflammatory type, acute rheumatism, congestions, etc. The *Lymphatic* or *Phlegmatic* predisposes to chronic maladies, debility, tubercular, scrofulous and dropsical affections. A fair complexion, palid skin, languid circulation, softness of the muscles, and torpidity of the bodily and mental functions, characterizes this temperament.

The *Bilious Temperament* will be recognized in individuals possessing a dark complexion, dark hair and eyes, firm flesh, energetic thought and action, and inclines the possessor to dyspepsia, hypochondriasis, and general disordered hepatic action.

WHEN A PERSON EXCEEDS or falls below the

average weight proportionate to his height by twenty per cent., he transcends a safe limit.

THE PER CENTAGE of variation is obtained by dividing the difference between the *Normal* and *Actual* weight, by the *Normal* weight.

NOTE THAT EXCESSIVE OBESITY, especially when occurring rapidly, increases the risk. So rapid *emaciation*, even without apparent organic cause, excites suspicion. Any great variation in weight at different seasons of the year is unfavorable.

THE EXAMINER will recollect the tendency to fatty degeneration in the muscles of the heart, and in the coats of the great vessels causing aneurisms, and in those of the brain tending to apoplexy. The presence of the *arcus senilis* (indicating such degeneration of the edge of the cornea), renders some or all of these conditions probable. Yet it will be remembered that its absence furnishes no aid in diagnosis, for it is sometimes not exhibited even in extensive and fatal internal fatty degeneration.

THE CHEST MEASUREMENTS should be taken

over the nipples and *under the vest*, and should be recorded in their proper places. An average extent of respiratory expansion is about three inches. LESS THAN TWO INCHES will reject.

Many persons are awkward, at first, in responding to this test: but if the Examiner makes them understand what is wanted, and exercises a little patience he will rarely fail in getting two inches, even under the conditions of our blank.

THE FIGURE always demands attention, as indicating vigor or the reverse. Any decided deflection from an erect stature should be noted.

THE AGE AND GENERAL APPEARANCE (whether the latter be vigorous in proportion to the former, or not), are important items.

OCCUPATION as effecting the risk favorably or otherwise should be fully considered. Every medical man is conversant with the fact that certain occupations are far more favorable to the attainment of a long life than others. A large number of occupations are extremely pernicious to health, so much

so that persons following them are positively unfit for insurance risks.

Among the class referred to are: Glass blowers, quartz-mill operators, workers in chemical manufactories, white lead and match factories, burr stone and grind stone works, marble and stone cutters and carvers, etc.

THE STATION OR SOCIAL STANDING of the applicant may, or may not, be such as will permit the exercise of care for the preservation of health and life. Due importance should be attached to this point.

III. State definitely what previous acquaintance has existed between the applicant and yourself. If any, a knowledge of it contributes a degree of certainty to the *opinions* expressed in the medical certificates.

IV. The Examiner is expected to acquaint himself with the facts in relation to all infirmities or deformities of which the applicant is a subject. Among these may be enumerated

Blindness, Deafness, Loss of Limbs, Distortions or Inequalities of Limbs, Spinal Curvatures, Lameness, Paralysis, Hernia, Cancers, Abscesses, Tumors and Fistulæ. *A specific account* of such imperfections must be given.

V. Ascertain the condition of the Brain and Nervous System, both by the pertinent questions of the certificate, and careful observation of the gait, manner of speech, and control over the muscular system, exhibited in the absence of tremors and irregular movements.

WITNESS the applicant's signature, with this in view.

VI. In case of hereditary Insanity, investigate each instance as to its cause, continuance, and final result, and question the applicant about the

influence of his occupation and habits upon the nervous system.

VII. Investigate the condition of the Lungs with the *utmost care*, bearing in mind that at least one death in every seven is caused by pulmonary diseases. (See Appendix, for the number of deaths from each cause to one million deaths in England from all causes).

NOTE the frequency of inspiration, remembering that its ratio to the pulse should average as one to four and five-tenths per minute.

OBSERVE *the contour of the chest*, whether it be regular in surface. or depressed in portions, especially above and under the clavicles.

OBSERVE *its movements*, if it expand in all parts evenly and regularly in inspiration, and retire equally so in expiration.

PERCUSS *the entire chest*, to determine any failure or excess in normal resonance, and feel for the normal vocal thrill.

AUSCULTATE to ascertain the existence of a normal vesicular murmur everywhere, and the proper relation of inspiratory to expiratory sounds in duration, quality and musical pitch.

“Where the chest is narrow, especially above; the shoulder blades low and near together; the chest movements diminished; the percussate sounds duller and flatter than normal; the vocal thrill lessened and found irregularly; the inspiratory murmur jerking and brief; the expiratory murmur lengthened and heightened in pitch to a consonance with the former sound, there is every reason for declining the risk, on the ground of a consolidation of pulmonary tissue.

“Furthermore, if the chest be unnaturally deep from before backward, but contracted at the hypochondria; the shoulders elevated; the sternal movement diminished; the breathing diaphragmatic; unnaturally tympanitic resonance under the clavicles, contrasted with a deficient inspiratory murmur in the same regions; the usual cardiac sounds lessened by over-lapping lung, and in extreme cases the liver displaced downwards, we have ample

evidence that the lung is emphysematous and the risk unadvisable."

FINALLY, BE ESPECIALLY GUARDED when the family history is one showing fatal pulmonary diseases, and when the applicant has himself suffered attacks of Pneumonia, Pleurisy, Asthma, Difficult Breathing, Chronic Cough, or *Hæmoptysis*, in which latter case the risk will be *always* declined. (See Appendix).

VIII. Note the pulse *rate*, and its *force* and *volume* when the applicant is quiet and free from disturbing agencies, and prolong and repeat the interview till such is the case. Only thus does the pulse become the confirmatory index of the state of the heart, as judged by auscultation and percussion. Give the rate of pulse sitting, immediately after rising, and at the end of two minutes after rising.

A PULSE MORE FREQUENT than *eighty-five*, or slower than *sixty*, is uncommon, and should always be counted while the applicant both

stands and sits. Inquire if this condition is habitual: and if so, for how long a time. Only where it stands alone and disconnected from any history of cardiac, pulmonary, or cerebral disease, should it be regarded the peculiarity of a *healthy* individual.

AN INTERMITTENT PULSE always requires explanation. In young subjects it is often dependent upon the use of green tea or tobacco, or upon nervous excitement with exhaustion. In the old, when of recent date, it is of grave significance, especially when accompanied by an inelastic and tortuous state of the general arterial system, or by a gouty history, or by evidences of free living. It should be remembered that recent exercise or exertion will often obscure the sign.

IX. Carefully percuss the cardiac regions, to determine the heart's size.

FEEL ITS IMPULSE, to gain a knowledge of its intensity and extent.

LISTEN for the dull systolic sound coincident with the impulse, and the sharp click of the semi-lunar valves in sudden tension.

NOTICE THE RHYTHMIC RELATION of these sounds, and ascertain if murmurs attend upon or follow them. If so, state the points where such murmurs are specially audible, and the direction in which they are propagated.

ESPECIAL CARE is requisite here, when the applicant has had rheumatism of an acute character, occurring before the age of thirty.

X. Be specific in all inquiry concerning the Stomach, Liver, Spleen, Kidneys, Bowels and Urinary organs.

IN DYSPEPSIA, ascertain its form, severity and duration of attack.

DEFINE what is meant by "Disease of Liver," if that be mentioned.

EXPLORE THE LIVER AND SPLEEN in all cases of reported and protracted ague.

TEST THE URINE chemically and microscopically, in all suspected cases. (See "Scale for Urinometer." Appendix).

DO NOT BE SATISFIED with indefinite statements concerning the genito-urinary system.

but if necessary, inquire specifically for the detection of organic lesions and the syphilitic cachexia. Strictures vitiate the risk, and syphilis, except after many years of immunity from its constitutional manifestation, will ensure rejection.

FISTULE *should always be examined*, and their precise location and condition reported. Their frequent association with pulmonary disease is here to be remembered. Fistula in Ano rejects.

HEMORRHOIDS, if severe, will postpone acceptance.

HERNIE should be carefully examined, and as carefully described.

XI. In case of wounds, or amputation of limbs, their precise extent and effect upon health are important data.

WOUNDS of the head, if severe, require time for the proper estimate of their morbid influence.

AMPUTATIONS, if above the knee, at the shoulder joint, or of both feet or arms, WILL NECESSITATE REJECTION.

XII. In all cases of *protracted and severe illness*, an exact and circumstantial account must be elicited: and when this has occurred within twelve months of date of this application, the Examiner must obtain the opinion of the applicant's medical attendant. Especially in *cerebral, pulmonary and cardiac* diseases should this be done.

IN CASES OF RHEUMATISM, the number of attacks, dates, character and severity should be stated. Persons *subject* to and who have suffered from inflammatory rheumatism, even where the heart is yet in a perfect healthy condition, are unfit for insurance. For it is a well-established fact that the majority of cardiac lesions and some forms of brain disease are a result of the rheumatic poison.

CASES OF HEREDITARY RHEUMATISM are sometimes encountered in applicants, and under the most favorable circumstances it impairs the risk, to say the least. Syphilitic rheumatism, as well as all other manifestations of syphilis, is a sufficient cause for rejection.

XIII. Any *latent and morbid predisposition* should be given its due importance.

THIS MAY HAVE BEEN ACQUIRED, and be independent of any *hereditary* tendency.

XIV. Especially are the habits of the applicant in regard to spirituous liquors, and stimulants of all kinds, to be inquired into. State explicitly whether he uses *fermented* or *distilled* drinks, or both, and to what extent, and how long he has used them.

INTEMPERANCE—The series of morbid phenomena produced by the excessive use of alcoholic drinks (*Alcoholismus*), so frequently encountered among men in every grade of society, should not escape proper attention. *No one will write himself down an inebriate*, yet there must be a beginning somewhere, and the medical man is asked the question direct.

REFORMED INEBRIATES are not acceptable risks, the continued use of alcohol leaving in its wake effects which long periods of complete

sobriety fail to remove. Undoubted hereditary tendencies exist with reference to the transmission of the morbid appetite for intoxicating drinks, and "atavism" in intemperate families is as frequently observed as in families afflicted with phthisis pulmonalis, or insanity.

INDIVIDUALS WHO INDULGE IN OCCASIONAL "SPREES" come decidedly under the head of intemperate, notwithstanding there may be intervals of temporary sobriety, and this class, as well as the confirmed drinker, must be declined. The same holds good with persons who indulge in the use of opium, chloral or other narcotic, for they will not be accepted.

XV. Require evidence of successful vaccination, in the absence of a previous attack of Small-Pox or Varioloid.

XVI. In case of *Female applicants* the *Special Blank* must be filled by the *family physician*. No false delicacy should be allowed to prevent a

thorough knowledge of their sexual history. (See Appendix.)

PREGNANCY will postpone the risk until three months after delivery, with restoration to perfect health.

WOMEN WILL NOT be accepted after the age of 40 unless they have passed the climacteric, or "change of life," and are free from disease.

SERIOUS DEVIATION from a normal or healthy state of the uterine and mammary systems, will necessitate rejection.

SEVERE OR UNNATURAL LABORS, or a series of abortions or miscarriages, will reject.

IN CASES WHERE PUERPERAL FEVER, OR MANIA, has recurred, the risk must be declined, unless the applicant has safely passed the climacteric. Vesico, vaginal or rectal fistulæ, or laceration, phlegmasia alba dolens, leucorrhœa (if excessive), emaciation and exhaustion from lactation, are each sufficient reason for denying admission.

XVII. Be *definite* and *precise* in the

expression of a final opinion with regard to the insurability of every case.

XVIII. The Medical Certificate should always be in the handwriting of the Medical Examiner, and all additional remarks should be signed by him.

ANY SPECIAL INFORMATION possessed by the Examiner, which he thinks it important to exclude from the regular blanks, should be communicated *confidentially* to the Medical Director, by a letter of the same date as the application. Mail all such communications to the Medical Director DIRECT.

REJECTIONS based upon such information will not be explained as the advice or opinion of the Examiner.

XIX. The Examiner should not consider *any question of the blanks trivial*, but should *carefully examine* these before they leave his hands, that *no omission* be overlooked.

A *ditto* should never be made to take the place of a plainly written "yes" or "no."

THE OMISSION of *any answer*, the mistake of an affirmative in place of a negative, or the contrary, however evidently it may be a "*clerical error*," will always necessitate the return of the papers for a correction in the handwriting of the Medical Examiner, and none other will be acceptable.

APPENDIX.

The following Rules Govern the Acceptance, Rejection, or Postponement of Risks.

The Medical Director reserves the right to reject any or all applications presented, and in no instance are the local Examiners to construe the rejection of risks, recommended by them, as in the least reflecting upon their judgment, capacity, or honesty, professionally or otherwise.

FAMILY RECORD.

1. APOPLEXY, Paralysis or Heart Disease occurring in both parents, or present in the proximate ancestry of both sides, or INSANITY in two members of the family, especially when

occurring on both sides, or in that branch which the applicant most resembles, will vitiate the risk.

2. CONSUMPTION; if in *one parent*, suggests the postponement of a risk until the age of thirty years.

3. IF IT OCCURRED in *one parent* and *one or more brothers or sisters*, it will probably reject, and *positively* will unless the applicant has reached the age of thirty five.

4. IF IN BOTH PARENTS, Phthisis absolutely rejects.

5. IF CANCER is found to have occurred in any member of the applicant's family, all the facts regarding it are to be furnished to the Medical Director.

PERSONAL RECORD AND PRESENT CONDITION.

6. APOPLEXY, Epilepsy, Insanity, Disease of the Spinal Cord (and Paralysis, unless the latter were the result of accident, and have been entirely absent for seven years), will reject.

7. HÆMOPTYSIS invariably rejects.

8. PNEUMONIA, if there have been several attacks: Chronic Bronchitis: Asthma, unless purely spasmodic and of mild form: Pleurisy, attended with Hydrothorax, or by permanent deformity of the Chest: Dyspnoea, from any cause, reject.

9. A PULSE INTERMITTENT or very irregular, constantly above eighty eight, or below fifty eight: Cardiac Hypertrophy: Valvular Murmurs: Aneurismus and Arterial Ossification: Varicose Veins, if extending as far as the groin, or if very large and prone to rupture or ulceration, reject.

10. GASTRITIS, if frequent: Habitual Vomiting: Jaundice, unless functional: Enlargement or Contraction of the Liver: Gallstones: Chronic Diarrhoea or Dysentery, unless absent for three years: Bilious Colic, if frequent: Ascites: irreducible Hernie, and all Hernie when a suitable truss is not and will not be worn: Piles, when severe and hemorrhagic, will postpone: Fistula in Ano, unless cured for two years, rejects.

11. ALBUMINURIA: Diabetes: Hæmaturia: Calculus: Urethral Stricture, unless cured

for one year: Chronic Prostatitis: Chronic Enlargement of the Testes: Syphilis, unless all constitutional evidences have been absent for seven years: and Chronic Cystitis, will reject.

12. ERYSIPELAS, if frequent: Chronic Ulcers: Psoas or Lumbar Abscess: Tumors: Spinal Curvature: serious Deformities of the lower extremities: Necrosis or Caries of Bones: Blindness or extreme Deafness: Chronic Otitis, reject.

13. SEVERE INJURIES to the skull, unless several years have elapsed without evidence of detriment to the Brain: Gunshot wounds, when the ball is retained: Amputations, above the knee or at the shoulder, of both legs or both arms, are causes for declining the risk.

14. INFLAMMATORY RHEUMATISM postpones for a year: occurring more than twice, it rejects: Gout, if repeated: Ague, long continued and attended by Anæmia, will postpone.

15. THE ABSENCE OF EVIDENCE of successful vaccination, where Small-Pox or Varioloid have never occurred, requires explanation.

16. THE HABITUAL USE OF OPIUM, CHLORAL,

or other narcotics: the excessive use of Tobacco, where this has produced its characteristic functional disturbances: the daily or regular use of large amounts of Distilled Liquors, especially when taken between meals, or an occasional but habitual debauch, unless reformation has been entire for from two to five years, will insure rejection.

17. APPLICANTS VARYING MATERIALLY from the normal or proper standard in weight (see table), whether such weight be in excess of, or below the proper figures, will as a rule be declined. A variation within twenty-five per cent. *above* the standard may not prove objectionable, if all other conditions are favorable.

TABLE OF MORTALITY OF LABORS.

The comparative mortality of first and subsequent labors is illustrated by the following exhibit:

Authority.	No. of Primiparae	No. of Deaths.	Or one in every	No. of Multiparae.	No. of Deaths.	Or one in every
Hardy & McClintock	2,125	35	60	4,510	30	150
Mathews Duncan....	3,722	50	74	12,671	103	123
Johnson & Sinclair..	4,565	83	54	9,213	80	115
Totals.....	10,382	168	62	26,394	213	124

TABLE OF MORTALITY FROM PUERPERAL FEVER.

Table showing the mortality from Puerperal Fever in different Pregnancies.—*Mathews Duncan:*

No. of Pregnancy.	No. of Mothers.	No. of Deaths.	Per cent. of Death.	Or one in
First.....	2,253	97	4.30	23
Second to Fourth....	4,031	85	2.11	47
Fifth to Ninth.....	1,563	47	3.01	33
Tenth to Nineteenth	189	9	4.76	21

OBSERVE that the *first impressions* of the Examiner regarding the applicant are often valuable guides to his frailties.

NOTE the inexpediency of an examination by a near relative of the applicant.

IN CASE THE APPLICATION of a person to be examined states that the party has been rejected by any Company, learn if possible the cause of rejection, and note if the cause still exists. Occasionally persons are declined for diseases which existed at the time of making application but subsequently disappeared, or an error in diagnosis on the part of the former Examiner may have been the cause of the Company's declining the risk.

AN APPLICANT WHILE UNDER MEDICAL TREATMENT will not be accepted. Persons recovering from attacks of acute diseases must be fully restored to their usual state of health before examination for insurance.

IN ALL CASES WHERE, IN THE OPINION OF THE EXAMINER, the risk is not a desirable one, or in cases where the physician has reason to suspect the truthfulness or honesty of the applicant, and where he has a well founded doubt whether the applicant will reach his expectation of life, it is his duty to decline the risk.

APPOINTMENTS OF MEDICAL EXAMINERS are only made upon approval of the Medical Director, to whom all applications for position of Examiner, together with credentials, must be referred.

DEPUTIES ARE INSTRUCTED to employ the accredited and regularly appointed Medical Examiners of the order *in all* cases. When an emergency arises rendering it impossible to comply with this regulation, the reason for so doing must accompany the application, and the physician making such examination must

be endorsed by the regular Examiner of the vicinity, whose signature will be required to the medical certificate, as an evidence of his consent and approval.

WHERE THE MEDICAL EXAMINER is unknown to the Director, or has not been regularly appointed and recognized as such, his credentials must, in every instance, accompany the application, otherwise it will be held in suspense until such credentials are received and approved by the Medical Director.

TABLE OF HEIGHT, WEIGHT AND CHEST EXPANSION.

Normal proportion of the height of individuals to their weight and chest expansion:

HEIGHT.	AVERAGE WEIGHT.	AVERAGE CHEST MEASURE.	
		Not Inflated.	Full Inflation
5 feet 1 inch.....	120 lbs.	31.91 inch.	33.23 inch.
5 " 2 "	125 "	32.21 "	34.85 "
5 " 3 "	130 "	33.00 "	35.52 "
5 " 4 "	135 "	33.44 "	35.85 "
5 " 5 "	139 "	33.94 "	36.40 "
5 " 6 "	143 "	34.00 "	36.74 "
5 " 7 "	145 "	34.54 "	37.00 "
5 " 8 "	148 "	34.67 "	37.49 "
5 " 9 "	152 "	35.11 "	38.00 "
5 " 10 "	156 "	35.64 "	38.94 "
5 " 11 "	162 "	36.00 "	39.00 "
6 " 00 "	167 "	36.78 "	39.87 "

EXPECTATION OF LIFE TABLE.

ACCORDING TO THE AMERICAN TABLE OF MORTALITY.

This table is inserted only as a guide for the Medical Examiner.

Years Old.	Expectation. Years.	Years Old.	Expectation. Years.	Years Old.	Expectation. Years.	Years Old.	Expectation. Years.	Years Old.	Expectation. Years.
20	42.2	31	34.6	41	27.5	51	20.2	61	13.5
21	41.5	32	33.9	42	26.7	52	19.5	62	12.9
22	40.9	33	33.2	43	26.0	53	18.8	63	12.3
23	40.2	34	32.5	44	25.3	54	18.1	64	11.7
24	39.5	35	31.8	45	24.5	55	17.4	65	11.1
25	38.8	36	31.1	46	23.8	56	16.7	66	10.5
26	38.1	37	30.4	47	23.1	57	16.1	67	9.9
27	37.4	38	29.6	48	22.4	58	15.4	68	9.3
28	36.7	39	28.9	49	21.6	59	14.7	69	8.7
29	36.0	40	28.2	50	20.9	60	14.1	70	8.1
30	35.3								

DEATHS BY DIFFERENT DISEASES.

The following table, taken from the New York *Underwriter*, gives the number of deaths, in England, from each cause to 1,000,000 deaths from all causes:

Consumption.....	118,003	Diarrhoea.....	42,559
Bronchitis.....	86,554	Typhus.....	36,150
Atrophy and Debility .	69,284	Scarlatina.....	26,370
Old Age.....	61,414	Pertussis..	25,454
Convulsions.....	56,294	Paralysis.....	23,175
Heart Disease.....	46,499	Apoplexy.....	22,309
Pneumonia.....	45,275	Premature Birth.....	19,272

Cancer.....	18,320	Aphthæ.....	2,493
Dropsy.....	15,112	Accident, not specified.	2,393
Hydrocephalus.....	15,095	Uterine disease.....	2,291
Tabes Mesenterica.....	14,754	Metria.....	2,285
Fracture & Contusion.	14,141	Dysentery.....	2,062
Rubeola.....	14,124	Ulceration of Intestines	1,990
Brain disease.....	12,158	Hernia.....	1,987
Liver disease.....	11,859	Cholera.....	1,977
Lung disease, not		Pleurisy.....	1,854
Phthisis.....	10,278	Gastritis.....	1,599
Croup.....	9,405	Ascites.....	1,552
Cephalitis.....	9,047	Diabetes.....	1,458
Asthma.....	8,035	Insanity.....	1,372
Sudden death, cause		Influenza.....	1,301
unknown.....	7,516	Pericarditis.....	1,269
Disease of Stomach...	6,320	Malformations.....	1,081
Scrofula.....	6,299	Aneurism.....	1,078
Kidney disease.....	6,260	Hanging (suicide).....	1,046
Enteritis.....	6,127	Cyanosis.....	1,031
Drowning (accident) ..	5,737	Purpura and Scurvy....	1,010
Burns and Scalds (acci-		Uicer.....	950
dent).....	5,574	Nephritis.....	948
Diphtheria.....	5,574	Phlegmon.....	922
Small Pox.....	5,388	Murder & Manslaughter.	840
Child Birth.....	5,029	Spina Bifida.....	832
Epilepsy.....	4,957	Cystitis.....	817
Rheumatism.....	4,837	Gout.....	808
Nephria.....	4,723	Intemperance.....	802
Syphilis.....	3,641	Delirium Tremens.....	791
Disease of Joints.....	3,584	Skin disease (not speci-	
Peritonitis.....	3,368	fied).....	776
Jaundice.....	3,201	Violent Deaths(not spec-	
Erysipelas.....	3,109	ified).....	645
Suffocation (accident)...	2,899	Intussusception.....	635
Mortification.....	2,849	Poison (accident).....	602
Hepatitis.....	2,828	Stricture of Intestines...	596
Laryngitis.....	2,755	Cut or Stab (suicide)....	575
Uleus.....	2,528	Ovarian Dropsy.....	530

Carbuncle.....	504	Zymotic(not specified)...	225
Drowning (suicide).....	489	Cut or Stab (accident)...	221
Stone.....	431	Fistulæ.....	214
Quinsy.....	431	Spleen, disease of.....	199
Stricture of Urethra.....	422	Remittent Fever.....	184
Noma.....	373	Arthritis.....	161
Worms.....	369	Gunshot (suicide).....	122
Suicide (not specified)....	300	Chorea.....	101
Poison (suicide).....	289	Pancreas, disease of.....	39
Gunshot (accident).....	266	Hanging (execution)....	24
Ague, Congestive.....	259	Hydrophobia.....	21
Privation.....	234	Glanders	9
Ischuria.....	227		

SCALE FOR URINOMETER.

SPECIFIC GRAVITY.	FLUIDS EXAMINED.
1000	DISTILLED WATER.
1005 } 1010 } 1015 }	Average in Bright's Disease..... 1013 May go as low as..... 1004
1015 } 1030 }	Average limits of healthy urine.
1030 } 1035 } 1040 } 1045 } 1050 } 1055 } 1060 }	Limits of Diabetic urine. Average..... 1040

THE CONDITION OF THE URINARY ORGANS demands very particular attention, and in suspected cases a searching analysis should be made. The specific gravity of the urine can readily be obtained by an ordinary urinometer. By comparing the number on the stem to which the instrument sinks with the corresponding number in the annexed table, it will at once be apparent how much the specimen varies from a normal standard.

